

## Correspondence

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### Aggressive Plasma Cell Myeloma

The clinical course of multiple myeloma can oscillate from patients with 'smoldering' multiple myeloma [1] to those with the 'aggressive' type of this disease. We herewith describe a patient with an aggressive form of myeloma who was characterised by the presence of soft tissue tumors and unresponsiveness to treatment.

An 80-year-old woman was admitted for severe pains in her right hip and back lasting for 2 months prior to admission. The physical examination disclosed tenderness above most body regions as well as several soft masses in the right supraclavicular region. The serum protein electrophoresis revealed an IgG lambda monoclonal protein and lambda Bence-Jones protein was found in the urine. The serum immunoglobulin concentrations were: IgG 7,500 mg/dl, IgA 50 mg/dl, IgM 14 mg/dl (normal IgG  $1,050 \pm 200$ , IgA  $200 \pm 60$ , IgM  $80 \pm 20$  mg/dl). The chest X-rays disclosed a huge right-sided hilar mass and the skeletal X-ray series revealed multiple osteolytic lesions. The bone marrow biopsy was compatible with the diagnosis of multiple myeloma, the percentage of plasmacytes being 40%. No evidence for amyloidosis was found in the bone marrow or gingival biopsy. The right supraclavicular mass was excised and was found to be highly vascular and composed of a diffuse infiltration of large plasma cells, some of which were polymorphic and with several nuclei. The stain for amyloid was negative. Electron microscopic studies of the cells from the bone marrow biopsy and the supraclavicular mass showed typical plasma cells with nuclear/cytoplasm asynchrony. Treatment with melphalan (Alkeran) 12 mg/day and prednisone 120 mg/day was promptly instituted, but several days afterwards the patient succumbed to massive bronchopneumonia.

Although the interrelationship of multiple myeloma, solitary myeloma of bone and extramedullary plasmacytoma is not well understood, it does not seem that we can assume that our patient had multiple myeloma with extramedullary plasmacytoma because extramedullary plasmacytoma with or without myelomatosis generally runs a more benign course and shows some response to treatment [2]. The appearance of subcutaneous soft tissue or mediastinal masses in patients with myeloma is unusual, and from other reports of patients having such a development [3] as well as from our report, it seems that the appearance of these masses can be an ominous sign. In contrast to the situation in patients with extramedullary plasmacytoma [2], these masses generally do not disappear following irradiation or chemotherapy.

#### References

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